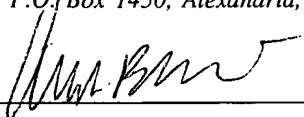




PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 15, 2005.*

  
Angela Beddawi

Appl No. : 09/737,276 Confirmation No. 7915  
Applicant : Thomas J. Kolze  
Filed : December 13, 2000  
Title : FLEXIBLE UPSTREAM PHY BURST PROFILE PARAMETERS TO  
IMPROVE PERFORMANCE OF SHORT BURSTS IN IMPULSE NOISE  
  
TC/A.U. : 2666  
Examiner : Frank Duong  
  
Docket No. : 36898/B600  
Customer No. : 23363

**RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
December 15, 2005

Commissioner:

In response to the Office action of September 15, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



IFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 15, 2005.

  
Angela Beddawi

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Grp./Div. : 2666  
Examiner : Frank Duong

Docket No. : 36898/B600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
December 15, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	16	*20	0	0 x \$25.00	0 x \$50.00	0
Independent Claims	3	**3	0	0 x \$100.00	0 x \$200.00	0
Multiple Dependent Claims ***				\$180.00	\$360.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 18, 31 and 32						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

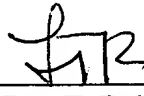
**Amendment Transmittal Letter**  
**Application No. 09/737,276**

\_\_\_\_\_ Attached is our check for \$ to pay the fees calculated above.  
\_\_\_\_\_ A Petition for Extension of Time and the required fee are enclosed.  
\_\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By  \_\_\_\_\_  
LeRoy T. Rahn  
Reg. No. 20,356  
626/795-9900

LTR/amb

AMB PAS657719.1-\* -12/15/05 3:15 PM